

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Kelly Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 14 / 2016</b>
Mailing Address 1701 Cabin Branch Dr		Amount <b>1862.00</b>
City Cheverly	State MD	Zip Code 20785-3820
Purpose of Expenditure Shipping - Signs	Category/Type <b>006</b>	Transaction ID : <b>VPEH8A0XRT1</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>3004.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Kelly Press</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 14 / 2016</b>
Mailing Address 1701 Cabin Branch Dr		Amount <b>1022.00</b>
City Cheverly	State MD	Zip Code 20785-3820
Purpose of Expenditure Printing and Design - Signs	Category/Type <b>006</b>	Transaction ID : <b>VPEH8A0XR5</b> Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>3004.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>2884.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Armand Sabitoni

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 14 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00007922	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Deepika Mehta</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>01 / 14 / 2016</b>	
Mailing Address <b>6004 Maiden Ln</b>		Amount <b>120.00</b>	
City <b>Bethesda</b>	State <b>MD</b>	Zip Code <b>20817-6252</b>	Transaction ID : <b>VPEH8A0XS08</b>
Purpose of Expenditure <b>Design Services - Signs</b>	Category/Type <b>006</b>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>3004.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>120.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>3004.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Armand Sabitoni

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 14 / 2016**

Signature